



# 2024 Membership Application

Membership Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BASIC INFORMATION

// ADULT #1

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pronouns:  He/Him/His  She/Her/Hers  They/Them/Their  Other \_\_\_\_\_

Marital Status:  Single  Married/Domestic Partnership  Widowed  Divorced  Separated

Jewish (see note below):  Yes  No  In conversion process Hebrew Name: \_\_\_\_\_

Read/Write Hebrew:  Yes  No Read Torah/ Haftarah:  Yes  No

Mobile Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

// ADULT #2

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pronouns:  He/Him/His  She/Her/Hers  They/Them/Their  Other \_\_\_\_\_

Marital Status:  Single  Married/Domestic Partnership  Widowed  Divorced  Separated

Jewish (see note below):  Yes  No  In conversion process Hebrew Name: \_\_\_\_\_

Read/Write Hebrew:  Yes  No Read Torah/ Haftarah:  Yes  No

Mobile Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

// ANNIVERSARY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area, feel free to contact the Rabbi at extension 226.



// CHILDREN

	Name	Hebrew Name	Date of Birth	Grade	School
1					
2					
3					
4					

## CONTACT INFORMATION

**Name on mailing label:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Main Contact Phone #** — *Please select one:*

- Adult #1's mobile phone.**
- Adult #2's mobile phone**
- Other:** (\_\_\_\_\_) \_\_\_\_\_

## FINDING WEST END SYNAGOGUE

**How did you hear about West End Synagogue?**

\_\_\_\_\_

**If introduced by a member, please inform member's name:**

\_\_\_\_\_

**Why did you choose West End Synagogue?**

\_\_\_\_\_

\_\_\_\_\_

## PRIVACY

// COMMUNITY LIST

Names, address, phone numbers and children's names/ages will be included in our community list (visible to members only). If you'd like to change your privacy options, please send an e-mail to [admin@westendsynagogue.org](mailto:admin@westendsynagogue.org).

// CONSENT FOR IMAGE USE

The undersigned hereby give permission for pictures/video recordings/identification of any family members to be used in advertisements, websites, news coverage or publicity.



## Yahrzeit Information

If you would like to be reminded of the anniversary of the death of a loved one.

Name	Related to?	Relationship	Date of Death	Died before or after sundown?*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* **Note:** The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

## Interests

**Sing/Play a musical instrument:**  Yes  No

• **Other relevant skills, abilities or interests:** \_\_\_\_\_  
\_\_\_\_\_

## Interest in Contributing with Committees / Programming

**Select all below that apply:** (Please indicate which person is interested in each selection)  
The chairperson of each selected initiative will reach out to you.

<input type="checkbox"/> <b>Adult Education</b>	<input type="checkbox"/> <b>Garden</b>	<input type="checkbox"/> <b>Music</b>
<input type="checkbox"/> <b>Bible, Text Study</b>	<input type="checkbox"/> <b>Hebrew, Beginners</b>	<input type="checkbox"/> <b>Retreat</b>
<input type="checkbox"/> <b>Bikkur Cholim</b> (helping members in time of illness)	<input type="checkbox"/> <b>Hebrew Conversation</b>	<input type="checkbox"/> <b>Ritual</b> (service leading, leyning, etc.)
	<input type="checkbox"/> <b>Israel Connections</b>	
<input type="checkbox"/> <b>Book Club</b>	<input type="checkbox"/> <b>JFLL</b> [Jewish Family Life & Learning]	<input type="checkbox"/> <b>Social Action</b>
<input type="checkbox"/> <b>Communications/Publicity</b>		<input type="checkbox"/> <b>Torah Study</b>
<input type="checkbox"/> <b>Family Programming</b>	<input type="checkbox"/> <b>Kiddush</b>	<input type="checkbox"/> <b>Volunteer in the office</b>
<input type="checkbox"/> <b>Fundraising</b>	<input type="checkbox"/> <b>Membership</b>	<input type="checkbox"/> <b>Wise Aging Initiative</b>

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FINANCIAL OBLIGATIONS OF MEMBERS

All members commit to the following financial obligations:

### 1. Fair Share Dues

Fair Share affirms our community's values of accessibility to WES membership, social justice and individual responsibility to the community.

As part of our obligation to create a kehillah kedoshah – a holy community – we each assume responsibility for meeting the costs of maintaining and operating our synagogue. Our Fair Share Dues system allocates a portion of that financial responsibility among our community's members based on their household income. Most of the remaining funds needed are supplied through voluntary contributions.

For the assessment of your Fair Share dues, you are not asked to disclose details concerning your income, nor are any financial documents required. Rather, we ask only that each member of the community report and accept the dues justly applicable to them by pledging their Fair Share dues level as honestly and as accurately as possible. All financial information is treated confidentially.

On the next pages you will find a '**New Member Pledge Form**' for your membership dues. Unless communicated otherwise, a member's pledge will be automatically renewed every year.

**Membership includes High Holy Days tickets for adult members and their children under age 22.**

All members in good standing will receive their High Holy Days tickets. All financial obligations to the synagogue must be paid in full at the latest by the time High Holy Days tickets are mailed.

*Note: The synagogue's fiscal year is 1/1 - 12/31.*

### 2. Building Fund

Members are expected to contribute at least \$200 per year, starting in the third year of membership until a total of \$1,000 has been paid to the building fund.

**West End Synagogue believes that an inability to pay should never be a barrier to membership or education.** Special consideration will be given to circumstances that prevent you from meeting any part of your financial commitment. If accommodations are needed, please contact the synagogue administrator ([admin@westendsynagogue.org](mailto:admin@westendsynagogue.org) / 212-579-0777, ext. 220) or treasurer ([treasurer@westendsynagogue.org](mailto:treasurer@westendsynagogue.org)) to discuss in confidence dues assessment or payment arrangement.

## REMOTE MEMBERSHIP POLICY

West End Synagogue has also enacted its membership policy for individuals and families who access our programming **digitally only**. Please note that this is not for existing members or prospective members who are within the New York City area who can access our services and programs both in person and digitally.

"Remote Members" is a new category that encompasses our former "Out of Town" membership designation and combines these members with newer members who have gotten to know West End Synagogue through Zoom. As a relatively recent form of membership, we are looking to monitor and get regular feedback from our new Remote Members about how we can better integrate them into the greater West End Community and increase and improve programming. Aside from Shabbat and Holiday services, we look to provide access to our various events and seminars and to allow our Remote Members to serve on committees as well as in a Governance role (as a Board Member) should they so desire and be nominated.

For Remote Members we suggest as an annual fee a donation in the range of **\$936-\$1,176**, typically charged in monthly installments (\$78-\$98/month) on a credit card.



**NEW MEMBER SPECIAL DUES (not applicable to Remote Members)**

FIRST YEAR (2024)	SECOND YEAR (2025)	THIRD YEAR ONWARDS (2026+)
<p><b>Welcome, new member!</b> For this year, you only pay:</p> <ul style="list-style-type: none"> <li>• <b>\$750</b> if you join between Jan 1—Jun 30;</li> <li>• <b>\$500</b> if you join between Jul 1—High Holy Days;</li> <li>• <b>FREE</b> (donation expected) if you join between High Holy Days—Dec 31.</li> </ul>	<p>You pay <b>only 50% of your fair share dues</b>, according to the categories in the table below (but not less than categories S2/F2).</p>	<p>You pay <b>100% of your fair share dues</b>, according to the categories in the table below.</p>

**Membership includes High Holy Days tickets for adult members and their children under age 22.**

**FAIR SHARE DUES SCHEDULE (January 1, 2024 – December 31, 2024)**

Please identify your dues category in one of the tables below, for your pledge form.

INDIVIDUAL		
Annual Income	Category	Annual Dues
Under \$30,000	S2	\$572
\$30,000 - 39,999	S3	\$814
\$40,000 - 49,999	S4	\$1,058
\$50,000 - 59,999	S5	\$1,378
\$60,000 - 69,999	S6	\$1,534
\$70,000 - 79,999	S7	\$1,836
\$80,000 - 89,999	S8	\$2,148
\$90,000 - 99,999	S9	\$2,268
\$100,000 - 124,999	S10	\$2,634
\$125,000 - 149,999	S12	\$3,120
\$150,000 - \$174,999	S14	\$3,780
\$175,000 - \$199,000	S16	\$4,022
\$200,000 - \$249,999	S20	\$4,384
\$250,000 - \$349,999	S24	\$4,816
\$350,000 - \$500,000	S25	\$5,054
Over \$500,000	S26	\$5,356
Students	S11	\$486
Remote Membership	S13	\$78-\$98 monthly*

\*Or \$936-\$1,176 lump sum

FAMILY		
Annual Income	Category	Annual Dues
Under \$30,000	F2	\$810
\$30,000 - 39,999	F3	\$1,058
\$40,000 - 49,999	F4	\$1,296
\$50,000 - 59,999	F5	\$1,540
\$60,000 - 69,999	F6	\$1,792
\$70,000 - 79,999	F7	\$2,040
\$80,000 - 89,999	F8	\$2,246
\$90,000 - 99,999	F9	\$2,570
\$100,000 - 124,999	F10	\$3,062
\$125,000 - 149,999	F12	\$3,510
\$150,000 - \$174,999	F14	\$4,276
\$175,000 - \$199,000	F16	\$4,644
\$200,000 - \$249,999	F20	\$5,022
\$250,000 - \$349,999	F24	\$5,378
\$350,000 - \$500,000	F25	\$5,550
Over \$500,000	F26	\$5,810
Students	F11	\$692
Remote Membership	F13	\$78-\$98 monthly*

\*Or \$936-\$1,176 lump sum



## NEW MEMBER PLEDGE FORM

*I/We realize that as a member of the West End Synagogue community I/we am/are committing to be a part of a kehillah kedoshah, a sacred community. In acceptance of that responsibility, I/we hereby pledge my/our Fair Share Membership Dues which I/we have fully assessed.*

**I am/We are in the following fair share dues category (e.g. S14, F25):** \_\_\_\_\_

- **I/We pledge that my/our special dues amount for 2024 is:** \$ \_\_\_\_\_ (special first year)
- **I/We pledge that my/our special dues amount for 2025 is:** \$ \_\_\_\_\_ (50% of regular dues, min S2/F2)
- **I/We pledge that my/our dues amount for 2026 onwards is:** \$ \_\_\_\_\_ (regular dues)

- I/We understand that the “Fair Share Dues Schedule” for 2025 onwards may be subject to change.
- I/We understand that, in addition to their dues, members are expected to contribute a total of \$1,000 to the Building Fund at the minimum rate of \$200/year, beginning in the third year of membership.
- I/We understand that my/our pledge will be automatically renewed every year unless I/we communicate otherwise.
- I/We understand that if I/we resign my/our membership, my/our pledge won't be pro-rated.

### Operating Fund:

Members are asked to contribute voluntarily an additional 10% of their dues to the Operating Fund to sustain the congregation.

I/We pledge additional:  10% of my/our dues **or**  Another amount: \$ \_\_\_\_\_  
 one-time **or**  yearly

### Payment for 2024:

New members are required to pay for their special dues when submitting their 2024 membership application. Remote members are required to provide a credit card number.

Amount paid by check or to be charged to my credit card at this time: \$ \_\_\_\_\_

- My/Our check is enclosed.     I/We am paying by credit card (provide information below).

### Payment for 2025 onwards:

Invoices will be issued in December and are due January 31 the following year. Please select one:

- I/We will mail a check by January 31.
- Please bill my/our credit card below every January 31.
- Please bill my/our credit card below in \_\_\_\_\_ equal monthly instalments, starting January 31.

**Credit Card Information:**  Visa     Mastercard     American Express

Credit Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name (exactly as it appears on the credit card): \_\_\_\_\_

Billing address: \_\_\_\_\_

- Please maintain this credit card below on file at West End Synagogue for payment toward events, fees, dues, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_